

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564,238

FILING DATE

01-11-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			e			
4						
5			e			
6				1		
7				1		
8			e			
9						
10			e			
11				1		
12				1		
13			e			
14				1		
15			e			
16			e			
17				1		
18				1		
19				1		
20				1		
21			e			
22			e			
23				1		
24			e			
25				1		
26				1		
27				1		
28			e			
29			e			
30				1		
31				1		
32				1		
33			e			
34						
35			e			
36				1		
37			e			
38			e			
39			e			
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		17	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						